

**CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY**

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August 5, 2016

Mr. Dan Burch, EMS Administrator  
San Joaquin County EMS Agency  
P. O. Box 220  
French Camp, CA 95231

Dear Mr. Burch:

This letter is in response to San Joaquin County's 2015 EMS Plan Update submission to the EMS Authority, dated July 11, 2016.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of San Joaquin County's 2015 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with California Health and Safety (H&SC) § 1797.105(b).

San Joaquin County received its last full EMS Plan approval for its 2014 plan submission, and its last annual Plan Update for its 2012 plan submission. Historically, we have received EMS Plan submissions from San Joaquin for the following years:

- |        |        |        |
|--------|--------|--------|
| • 1994 | • 2007 | • 2011 |
| • 2003 | • 2009 | • 2012 |
| • 2006 | • 2010 | • 2014 |

The H&SC § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

### III. Analysis of EMS System Components:

Following are comments related to San Joaquin County's 2015 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&SC § 1797.254 and the EMS system components identified in H&SC § 1797.103 are indicated below:

Not  
Approved Approved

A. ☒ ☐ System Organization and Management

#### 1. System Assessment Form

- Standard 1.27 is identified as "Does not currently meet standard." In the next plan submission, please provide a System Assessment Form for this standard with an update to the current status, objective, and timeframe for meeting the objective.

B. ☒ ☐ Staffing/Training

C. ☒ ☐ Communications

D. ☒ ☐ Response/Transportation

#### 1. Table 8 (Response/Transportation)

- The number of responses for non-transport providers is not identified. In the next plan submission, please include these numbers.

#### 2. Ambulance Zones

- Based on the documentation provided by Alameda County, please find enclosed the EMS Authority's determination of the exclusivity of San Joaquin County's EMS Agency's ambulance zones.

E. ☒ ☐ Facilities/Critical Care

F. ☒ ☐ Data Collection/System Evaluation

1. CEMSIS EMS Data

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (H&SC § 1797.102) as it relates to data collection and evaluation (H&SC § 1797.103). To enable the EMS Authority to make this determination, information shall be made available by data submission using the current versions of NEMSIS and CEMSIS standards (H&SC § 1797.227).

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

**IV. Conclusion:**

Based on the information identified, San Joaquin County may implement areas of the 2015 EMS Plan Update that have been approved. Pursuant to H&SC § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

**V. Next Steps:**

San Joaquin County's annual EMS Plan Update will be due on or before August 31, 2017. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP  
Director

Enclosure

2015 San Joaquin EMS Transportation Plan  
Approved

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Zone A		X	Competitive Process	X				X	X	X					
Zone B		X	Competitive Process	X				X	X	X					
Zone C		X	Competitive Process	X				X	X	X					
Zone D		X	Non-Competitive	X				X	X	X					
Zone E		X	Non-Competitive	X				X	X	X					
Zone F		X	Non-Competitive	X				X	X	X					

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# Emergency Medical Services Plan Update

## 2015

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**San Joaquin County Emergency Medical Services Agency**  
PO Box 220, French Camp, CA 95231 (209) 468-6818

Dan Burch, EMS Administrator  
Richard N. Buys, M.D., EMS Medical Director

Submitted July 11, 2016



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## EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the San Joaquin County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

The plan update provides information relevant to the time period of July 1, 2014 through June 30, 2015. As demonstrated in the San Joaquin County 2014 EMS Plan, the San Joaquin EMS System generally meets or exceeds the State EMS Authority's minimum standards and recommended guidelines. This document adheres to the EMSA requirements for an EMS Plan Update at a yearly interval.

## MAJOR NEEDS AND PROGRAM SOLUTIONS

Need: Update OES Region IV MCI Manuals 1 – 3.

Program Solution: Update Manuals.

Need: Develop and implement strategies to reduce off-load delays of patients transported by EMS system ambulances at hospital emergency departments in San Joaquin County

Program Solution: Provide routine feedback via reports that show average and 90<sup>th</sup> percentile "wall time" to hospitals in San Joaquin County.

Need: The SJCEMSA needs to integrate the use of air ambulance services into the EMS system to ensure that such services do not delay, disrupt, or impede the services of emergency ambulance service providers.

Program Solution: Develop and implement air ambulance agreements with REACH, CALSTAR, PHI, Mercy Air Methods, and Stanford Life Flight containing language necessary to address this issue.

Need: The SJCEMSA needs to develop a single platform from which to receive patient care report data from providers that use a variety of platforms.

Program Solution: Modify current data report generator to accept data in a generic format and require all provider to submit data in the generic format when adopting NEMSIS 3.x criteria.

Need: The SJCEMSA needs to develop successor agreements with ground ambulance providers currently providing exclusive Emergency Ambulance Services at the 911 Emergency Response, the "7-Digit" Emergency Response and ALS Ambulance Response levels in Zones D, E, and F.

Program Solution: Write a first draft successor agreement and begin negotiations with the ambulance provider in Zone D.



Need: The SJCEMSA needs to develop policies to designate Stroke Centers capable of identifying and treating patients that will benefit from either TPA or those that require rapid transfer to an interventional stroke center.

Program Solution: Write draft policies to designate Stroke Centers and to direct the appropriate transport of patients to Stroke Centers from the prehospital setting.

## **SUMMARY OF CHANGES**

Trauma System: Completed process to designate a trauma center and trauma system in San Joaquin County. San Joaquin General Hospital officially began providing Level III Trauma Center services on August 1, 2013.

Ground Ambulance Services: The SJCEMSA finalized the Request for Proposal (RFP) document to acquire an exclusive emergency ambulance services provider for Zones A, B, and C. The SJCEMSA implemented a competitive process through the RFP to select an exclusive provider for Zones X-1 through X-11 (formerly Zones A, B, and C). The SJCEMSA negotiated a written agreement with AMR for the exclusive rights to provide all 9-1-1 /Public Service Answering Point (PSAP) requests for ambulance service; requests for emergency ambulance service made directly to the provider from any telephone; ambulance transports to an emergency department from the scene of an emergency; ALS interfacility ambulance transports from a general acute care hospital in Zone X to any other general acute care hospital; and CCT ambulance transport.

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X	NA		
1.02	LEMSA Mission		X	NA		
1.03	Public Input		X	NA		
1.04	Medical Director		X	UNMET		
<b>Planning Activities:</b>						
1.05	System Plan		X	NA		
1.06	Annual Plan Update		X	NA		
1.07	Trauma Planning*		X	NA		
1.08	ALS Planning*		X	NA		
1.09	Inventory of Resources		X	NA		
1.10	Special Populations		X	X		X
1.11	System Participants		X	X		
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X	NA		
1.13	Coordination		X	NA		
1.14	Policy & Procedures Manual		X	NA		
1.15	Compliance w/Policies		X	NA		
<b>System Finances:</b>						
1.16	Funding Mechanism		X	NA		
<b>Medical Direction:</b>						
1.17	Medical Direction*		X	NA		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		

## A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X	NA		
1.21	Determination of Death		X	NA		
1.22	Reporting of Abuse		X	NA		
1.23	Interfacility Transfer		X	NA		
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X	NA		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan	X	UNMET	NA		X
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		X	NA		

## B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X	NA		
2.02	Approval of Training		X	NA		
2.03	Personnel		X	NA		
<b>Dispatchers:</b>						
2.04	Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X	X		
2.06	Response		X	NA		
2.07	Medical Control		X	NA		
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X	NA		
2.10	Advanced Life Support		X	UNMET		
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X	NA		
2.12	Early Defibrillation		X	NA		
2.13	Base Hospital Personnel		X	NA		



## C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X	NA		
3.04	Dispatch Center		X	NA		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	NA		
<b>Public Access:</b>						
3.07	9-1-1 Planning/ Coordination		X	X		
3.08	9-1-1 Public Education		X	NA		
<b>Resource Management:</b>						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		



#### D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	NA		
4.04	Prescheduled Responses		X	NA		
4.05	Response Time*		X	X		
4.06	Staffing		X	NA		
4.07	First Responder Agencies		X	NA		
4.08	Medical & Rescue Aircraft*		X	NA		
4.09	Air Dispatch Center		X	NA		
4.10	Aircraft Availability*		X	NA		
4.11	Specialty Vehicles*		X	UNMET		
4.12	Disaster Response		X	NA		
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X	NA		
4.15	MCI Plans		X	NA		
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	NA		
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X	NA		
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		X	NA		
4.20	"Grandfathering"		X	NA		
4.21	Compliance		X	NA		
4.22	Evaluation		X	NA		

## E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	NA		
5.03	Transfer Guidelines*		X	NA		
5.04	Specialty Care Facilities*		X	NA		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	NA		
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X	NA		
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X	NA		
5.09	Public Input		X	NA		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X	NA		
5.11	Emergency Departments		X	UNMET		X
5.12	Public Input		X	NA		X
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X	NA		
5.14	Public Input		X	NA		

## F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X	NA		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	NA		
6.05	Data Management System*		X	UNMET	X	
6.06	System Design Evaluation		X	NA		
6.07	Provider Participation		X	NA		
6.08	Reporting		X	NA	X	
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X	X		
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X	NA		
6.11	Trauma Center Data		X	X		

## G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	UNMET		



## H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X	NA		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	NA		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	NA		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	UNMET		
8.10	Mutual Aid Agreements*		X	NA		
8.11	CCP Designation*		X	NA		
8.12	Establishment of CCPs		X	NA		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	NA		
8.16	Prehospital Agency Plans		X	X		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X	NA		
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X	NA		
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X	NA		



## **PROGRESS/OBJECTIVES**

### **Changes Made on Standards**

This section provides a summary of changes to how the San Joaquin County Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines.

No changes since the previous EMS Plan submission for 2013-2014.

## **SYSTEM ASSESSMENT FORMS**

### **5.04 SPECIALTY CARE FACILITIES**

#### **MINIMUM STANDARDS:**

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:      *MEETS MINIMUM STANDARD***

The SJCEMS Agency has designated and continues to monitor two STEMI Receiving Centers (per EMS Policy No. 4801) and one Level III Trauma Center (per EMS Policy No. 4710) within San Joaquin County.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Two hospitals in Stanislaus County are recognized as STEMI Receiving Centers and Level II Trauma Centers.

#### **NEED(S):**

Designate Stroke Centers

#### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **DATA COLLECTION AND SYSTEM EVALUATION**

### **6.08 REPORTING**

#### **MINIMUM STANDARDS:**

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:      *MEETS MINIMUM STANDARD***

Results and findings of EMS system design evaluations are shared with members of the EMS Liaison Committee and Transportation Committee. Reports on the three zones with AMR as the exclusive operating ambulance are presented to the Board of Supervisors on a bi-monthly basis. The Board of Supervisors is kept abreast of overall system operations. Compliance reports for the exclusive Zones D, E, and F have been added to this report

**NEEDS: NONE**

**OBJECTIVE: NONE**

**TIME FRAME FOR MEETING OBJECTIVE:**

## **8.14 HOSPITAL PLANS**

### **MINIMUM STANDARDS:**

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

### **RECOMMENDED GUIDELINES:**

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

### **CURRENT STATUS:      *MEETS MINIMUM STANDARD***

All hospitals in San Joaquin County are Joint Commission accredited and are required to conduct at least two disaster exercises per year, one of which must include an influx of patients. In addition all hospitals in San Joaquin County participate in the annual Statewide Medical and Health Exercise Program, which is designed, conducted and evaluated in accordance with the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A

## **8.15 INTERHOSPITAL COMMUNICATIONS**

### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:      *MEETS MINIMUM STANDARD***

The County's acute care facilities have a variety of communications systems available during emergencies, including; telephone, blast phone, MedNet radio, email, EMResource software, amateur radio, and WebEOC.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

N/A



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## TABLE 2: SYSTEM RESOURCES AND OPERATIONS

### System Organization and Management

Reporting Year: 2015-2016

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: San Joaquin County EMS Agency

A. Basic Life Support (BLS)	<u>0</u>	%
B. Limited Advanced Life Support (LALS)	<u>0</u>	%
C. Advanced Life Support (ALS)	<u>100</u>	%

2. Type of agency B

- a) Public Health Department
- b) County Health Services Agency
- c) Other (non-health) County Department
- d) Joint Powers Agency
- e) Private Non-Profit Entity
- f) Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to B

- a) Public Health Officer
- b) Health Services Agency Director/Administrator
- c) Board of Directors
- d) Other: \_\_\_\_\_

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>Yes</u>
Designation of trauma centers/trauma care system planning	<u>Yes</u>
Designation/approval of pediatric facilities	<u>Yes</u>
Designation of STEMI centers	<u>Yes</u>
Designation of Stroke centers	<u>Yes</u>
Designation of other critical care centers	<u>Yes</u>
Development of transfer agreements	<u>Yes</u>
Enforcement of local ambulance ordinance	<u>Yes</u>
Enforcement of ambulance service contracts	<u>Yes</u>
Operation of ambulance service	<u>No</u>

**Table 2 - System Organization & Management (cont.)**

Continuing education	<u>Yes</u>
Personnel training	<u>Yes</u>
Operation of oversight of EMS dispatch center	<u>Yes</u>
Non-medical disaster planning	<u>Assists</u>
Administration of critical incident stress debriefing team (CISD)	<u>No</u>
Administration of disaster medical assistance team (DMAT)	<u>N/A</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>Yes</u>
Other: _____	
Other: _____	
Other: _____	

**5. EXPENSES**

Salaries and benefits	1,419,757
Services and Supplies	835,601
Centrally Budgeted	112,027
<b>Total Expenses</b>	<b>\$2,367,385</b>

**6. SOURCES OF REVENUE**

Licenses, Permits, Franchises	797,620
Intergovernmental Revenue (grants)	477,000
Charges for Services	463,800
Penalties and Fines	124,869
Fund Transfers	54,215
Net County Cost (General Fund)	449,881
<b>Total Revenue</b>	<b>\$2,367,385</b>

**Table 2 - System Organization & Management (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1FTE	\$58	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1FTE	\$38	36%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	1FTE	\$35	36%	
Trauma Coordinator	Trauma Coordinator	1FTE	\$51	36%	
Medical Director	Medical Director	.25FTE	\$150	0%	Contract
Other MD/Medical Consult/ Training Medical Director	Assistant Medical Director	.1FTE	\$150	0%	Contract
Disaster Medical Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	2FTE		36%	

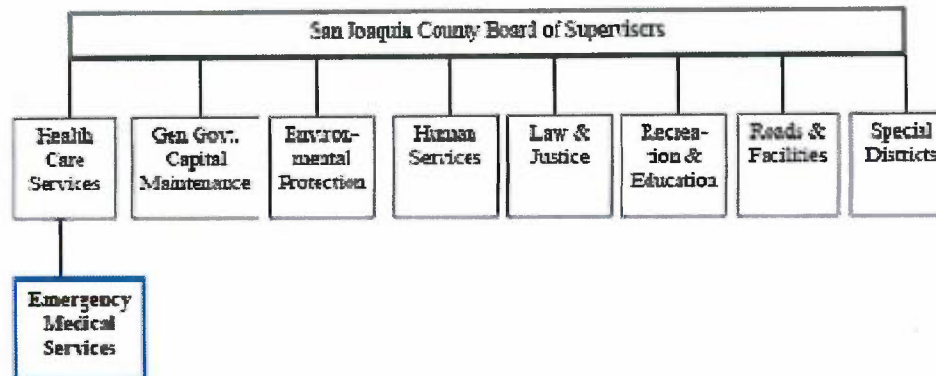
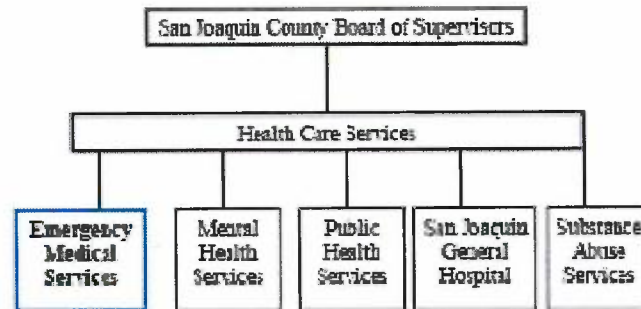


**Table 2 - System Organization & Management (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	EMS Analyst	1FTE	\$38	36%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Prehospital Care Coordinator				
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Technician Coordinator	1FTE	\$17	36%	
Other Clerical	Accounting Technician I	1FTE	\$23	36%	
Other					

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

### San Joaquin County Organizational Charts



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING**

Reporting Year: 2014-2015

**NOTE:** Table 3 is to be reported by agency.

	EMTs	EMDs	EMT - Ps	MICN
Total Certified	755	84		NA
Number newly certified this year	52	16		3
Number recertified this year	216	18		21
Total number of accredited personnel on July 1 of the reporting year			329	44
Number of certification reviews resulting in:				
a) formal investigations	16	2		
b) probation	2	1		
c) suspensions	2			
d) revocations	2			
e) denials				
f) denials of renewal	2			
g) no action taken	11	1		

1. Early defibrillation:

a) Number of EMT-I (defib) certified

755

b) Number of public safety (defib) certified (non-EMT-I)

2. Do you have a first responder training program

☐ yes ☐ no

# TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: San Joaquin County EMS Agency

Reporting Year: 2014-2015

1. Number of primary Public Service Answering Points (PSAP) 8
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 2
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?  
Valley Regional Emergency Communications  
Center
7. Who is your primary dispatch agency for a disaster?  
Valley Regional Emergency Communications  
Center
8. Do you have an operational area disaster communication system? ☒ Yes ☐ No
  - a. Radio primary frequency CALCORD
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system? ☒ Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☐ Yes ☒ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☒ Yes ☐ No
    - 1) Within the operational area? ☒ Yes ☐ No
    - 2) Between operation area and the region and/or state? ☒ Yes ☐ No

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION**

Reporting Year: 2014-2015

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 18

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	n/a	n/a	n/a	n/a
Early defibrillation responder	n/a	n/a	n/a	n/a
Advanced life support responder	n/a	n/a	n/a	n/a
Transport Ambulance	7:29 min	9:29 min	17:29 min	29:29 min



## TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE

### Trauma

- a) Number of patients meeting trauma triage criteria: 1812
- b) Number of major trauma victims transported directly to a trauma center by ambulance: 1588
- c) Number of major trauma patients transferred to a trauma center: 25
- d) Number of patients meeting triage criteria who weren't treated at a trauma center: Unknown (not collected as an aggregate)

### Emergency Departments

Total number of emergency departments	7
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	7
d) Number of comprehensive emergency services	0

### Receiving Hospitals

1. Number of receiving hospitals with written agreements	6
2. Number of base hospitals with written agreements	1

## TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL

Reporting Year: 2014-2015

County: San Joaquin County

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Stockton Metropolitan Airport

b. How are they staffed? Depending on the purpose, the CCP would be staffed with one or more of the following; first responders, ambulance personnel, County Public Health, Disaster Healthcare Volunteers, Medical Reserve Corp, CALMAT, DMAT.

c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No

2. CISM

Do you have a CISM provider with 24 hour capability? ☒ Yes ☐ No

3. Medical Response Team

a. Do you have any team medical response capability? ☒ Yes ☐ No

b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No

c. Are they available for statewide response? ☐ Yes ☒ No

d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No

b. At what HazMat level are they trained? Specialist, Technician, First Responder Operations Decontaminations (FRO Decon) and First Responder Operations (FRO)

c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No

d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

## OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☒ Yes ☐ No
  - b. exercise? ☒ Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement.  
All Counties of Region IV: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, Stanislaus, Tuolumne, Yolo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

# TABLE 8: RESOURCE DIRECTORY – RESPONSE/TRANSPORTATION/PROVIDERS

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: American Medical Response Response Zone: A

Address: 400 Fresno Ave Number of Ambulance Vehicles in Fleet: 52  
Stockton, CA 95203

Phone Number: 209-948-5136 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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### Transporting Agencies

<u>12861</u> Total number of responses	<u>10199</u> Total number of transports
<u>9616</u> Number of emergency responses*	<u>7541</u> Number of emergency transports
<u>3245</u> Number of non-emergency responses	<u>2658</u> Number of non-emergency transports

### Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports

\*All responses received though the 911 system are defined as "emergency."

**Table 8: Resource Directory**

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Joaquin County **Provider:** American Medical Response **Response Zone:** B

**Address:** 400 Fresno Ave **Number of Ambulance Vehicles in Fleet:** 52  
Stockton, CA 95203

**Phone Number:** 209-948-5136 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 32

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>58953</u> Total number of responses	<u>46808</u> Total number of transports
<u>49945</u> Number of emergency responses*	<u>39302</u> Number of emergency transports
<u>9008</u> Number of non-emergency responses	<u>7506</u> Number of non-emergency transports

**Air Ambulance Services**

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports

**\*All responses received though the 911 system are defined as "emergency."**



**Table 8: Resource Directory**

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: American Medical Response Response Zone: C

Address: 400 Fresno Ave Number of Ambulance Vehicles in Fleet: 52  
Stockton, CA 95203

Phone Number: 209-948-5136 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>11580</u>	Total number of responses	<u>9019</u>	Total number of transports
<u>7107</u>	Number of emergency responses*	<u>5341</u>	Number of emergency transports
<u>4483</u>	Number of non-emergency responses	<u>3678</u>	Number of non-emergency transports

**Air Ambulance Services**

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports

\*All responses received though the 911 system are defined as "emergency."

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: Manteca District Ambulance Response Zone: D

Address: P.O. Box 2 Number of Ambulance Vehicles in Fleet: 4  
Manteca, CA 95336

Phone Number: 209-823-1032 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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### Transporting Agencies

<u>11,465</u> Total number of responses	<u>9063</u> Total number of transports
<u>10,569</u> Number of emergency responses*	<u>8201</u> Number of emergency transports
<u>896</u> Number of non-emergency responses	<u>862</u> Number of non-emergency transports

### Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports

\*All responses received though the 911 system are defined as "emergency."

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: Ripon Fire Protection District Ambulance Response Zone: E

Address: 142 S. Stockton Avenue Number of Ambulance Vehicles in Fleet: 2  
Ripon, CA 95366

Phone Number: 209-599-4209 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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### Transporting Agencies

850 Total number of responses  
 850 Number of emergency responses\*  
 0 Number of non-emergency responses

562 Total number of transports  
 562 Number of emergency transports  
 0 Number of non-emergency transports

### Air Ambulance Services

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports

**\*All responses received though the 911 system are defined as "emergency."**

**Table 8: Resource Directory**

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: Escalon Community Ambulance Response Zone: F

Address: PO Box 212 Number of Ambulance Vehicles in Fleet: 2  
Escalon, CA 95320

Phone Number: 209-838-1351 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>2048</u> Total number of responses	<u>1700</u> Total number of transports
<u>1051</u> Number of emergency responses*	<u>705</u> Number of emergency transports
<u>997</u> Number of non-emergency responses**	<u>995</u> Number of non-emergency transports**

**Air Ambulance Services**

<u>          </u> Total number of responses	<u>          </u> Total number of transports
<u>          </u> Number of emergency responses	<u>          </u> Number of emergency transports

\*All responses received though the 911 system are defined as "emergency."

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Citizens Medical Response Response Zone: County-wide

Address: 8030 Lorraine Avenue, Ste. 336 Number of Ambulance Vehicles in Fleet: 3  
Stockton, CA 95210

Phone Number: 800-400-1248 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

<u>0</u> Total number of responses	<u>0</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>557</u> Number of non-emergency responses	<u>531</u> Number of non-emergency transports

### Air Ambulance Services

<u>        </u> Total number of responses	<u>        </u> Total number of transports
<u>        </u> Number of emergency responses	<u>        </u> Number of emergency transports



# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: Protransport-1, LLC Response Zone: County-wide

Address: P.O. Box 2332 Number of Ambulance Vehicles in Fleet: 4 Available for ASAP requests  
Santa Rosa, CA 95405

Phone Number: 707-586-4041 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Provider is non-emergency only. 24 hour service availability not required.	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

0 Total number of responses  
0 Number of emergency responses  
911 Number of non-emergency responses

0 Total number of transports  
0 Number of emergency transports  
873 Number of non-emergency transports

### Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: NorCal Ambulance Response Zone: County-wide

Address: 6761 Sierra Ct. Suite G  
Dublin, CA 94568

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 916-860-7900

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

0 Total number of responses  
0 Number of emergency responses  
6472 Number of non-emergency responses

0 Total number of transports  
0 Number of emergency transports  
6362 Number of non-emergency transports

### Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Clements Fire District Response Zone: \_\_\_\_\_

Address: P.O. Box 523 Number of Ambulance Vehicles in Fleet: 0  
Clements, CA 95227

Phone Number: (209) 941-2339 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

# **Table 8: Resource Directory**

Reporting Year: 2014-2015

## **Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Joaquin **Provider:** Stockton Fire Department (ALS) **Response Zone:** \_\_\_\_\_

**Address:** 425 N. El Dorado Street **Number of Ambulance Vehicles in Fleet:** 0  
Stockton, CA 95202

**Phone Number:** 209-937-8022 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

## **Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

## **Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Tracy Fire Department (ALS) Response Zone: \_\_\_\_\_

Address: 835 Central Ave Number of Ambulance Vehicles in Fleet: 0  
Tracy, CA 95376

Phone Number: 209) 759-3371 Average Number of Ambulances on Duty  
 At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports



# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Collegeville Fire District Response Zone: \_\_\_\_\_

Address: 13225 E. Mariposa Road Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Stockton, CA 95205

Phone Number: (209) 941-2339 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

### Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Escalon Fire District Response Zone: \_\_\_\_\_

Address: 1749 Coley Avenue  
Escalon, CA 95320

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: (209) 838-7500

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses\*  
 \_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports\*\*

### Air Ambulance Services

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Farmington Fire District Response Zone: \_\_\_\_\_

Address: P.O. Box 25 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Farmington, CA 95230

Phone Number: 209) 886-5321 Average Number of Ambulances on Duty  
 At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: French Camp-McKinley Fire District Response Zone: \_\_\_\_\_

Address: P.O. Box 790 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
French Camp, CA 95231

Phone Number: 209) 982-0592 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Lathrop-Manteca Fire District Response Zone: \_\_\_\_\_

Address: 800 J Street Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Lathrop, CA 95330

Phone Number: (209) 858-2331 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

## Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

## Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Liberty Fire District Response Zone: \_\_\_\_\_

Address: 24124 N. Bruella Road Number of Ambulance Vehicles in Fleet: 0  
Acampo, CA 95220

Phone Number: 209) 339-1329 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

### Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Linden Peters Fire District Response Zone: \_\_\_\_\_

Address: 17725 E. Hwy 26  
Linden, CA 95236

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: (209) 887-3710

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses\*  
 \_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports\*\*

### Air Ambulance Services

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Lodi Fire Department Response Zone: \_\_\_\_\_

Address: 25 E. Pine Street  
Lodi, CA 95240

Number of Ambulance Vehicles in Fleet: \_\_\_\_\_

Phone Number: 209) 333-6735

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

### Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Manteca Fire Department Response Zone: 209) 239-8435

Address: 1154 S. Union Road Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Manteca, CA 95337

Phone Number: 209) 239-8435 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

### Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Mokelumne Fire District Response Zone: \_\_\_\_\_

Address: 13157 E. Brandt Road Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Lockeford, CA 95237

Phone Number: (209) 727-0564 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

### Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports



# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Montezuma Fire District Response Zone: \_\_\_\_\_

Address: 2405 S. B Street Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Stockton, CA 95206

Phone Number: (209) 464-5234 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

## Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

## Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Thornton Fire District Response Zone: \_\_\_\_\_

Address: 25999 N. Thornton Road Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Thornton, CA 95686

Phone Number: 209) 794-2460 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

### Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Waterloo Morada Fire District Response Zone: \_\_\_\_\_

Address: 6925 East Foppiano Lane Number of Ambulance Vehicles in Fleet: 0  
Stockton, CA 95212

Phone Number: 209) 931-3107 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Woodbridge Fire District Response Zone: \_\_\_\_\_

Address: 400 E. Augusta Street Number of Ambulance Vehicles in Fleet: 0  
Woodbridge, CA 95258

Phone Number: (209) 369-1945 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

### Air Ambulance Services

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin County Provider: REACH Response Zone: County-wide

Address: 451 Aviation Blvd. Ste. 101 Number of Ambulance Vehicles in Fleet: 1 in county; 1 near county  
Santa Rosa, CA 95403

Phone Number: 888-660-9888 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
\_\_\_\_\_ Number of emergency responses  
\_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
\_\_\_\_\_ Number of emergency transports  
\_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

1086 Total number of responses (scene and IFT)  
489 Number of emergency responses (scene)

445 Total number of transports (Scene and IFT)  
109 Number of emergency transports (Scene)



# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: PHI Response Zone: \_\_\_\_\_

Address: 801D Airport Road Number of Ambulance Vehicles in Fleet: 1  
Modesto, CA 95354

Phone Number: 209-550-0881 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

### Air Ambulance Services

No data Total number of responses (unk IFT)  
12 Number of emergency responses (scene)

No data Total number of transports (Unk IFT)  
6 Number of emergency transports (Scene)

# Table 8: Resource Directory

Reporting Year: 2014-2015

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: CALSTAR Response Zone: \_\_\_\_\_

Address: 4933 Bailey Loop Number of Ambulance Vehicles in Fleet: 2 based near county  
McClellan, CA 95652

Phone Number: 916-921-4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

## Transporting Agencies

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

## Air Ambulance Services

36 Total number of responses (Scene & IFT)  
3 Number of emergency responses (Scene)

26 Total number of transports (Scene & IFT)  
0 Number of emergency transports (Scene)

**Table 8: Resource Directory**

Reporting Year: 2014-2015

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin Provider: Mercy Air Services, Inc. Response Zone: County-wide

Address: 1700 Coffee Road Number of Ambulance Vehicles in Fleet: 1 based near county  
Modesto, CA 95335

Phone Number: 209-572-7050 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1 based near county

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses\*  
 \_\_\_\_\_ Number of non-emergency responses\*\*

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports\*\*

**Air Ambulance Services**

14 Total number of responses (IFT and Scene)  
2 Number of emergency responses (Scene)

12 Total number of transports (IFT and Scene)  
1 Number of emergency transports (Scene)

**TABLE 9: RESOURCE DIRECTORY – FACILITIES**

**Facilities**

**County:** San Joaquin County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Dameron Hospital **Telephone Number:** 209) 944-5550  
**Address:** 525 W. Acacia Street  
Stockton, CA 95203

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Kaiser Permanente Hospital Manteca      **Telephone Number:** (209) 825-3700  
**Address:** 1777 West Yosemite Avenue  
Manteca, CA 95336

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

<b>Pediatric Critical Care Center<sup>4</sup></b> <b>EDAP<sup>5</sup></b> <b>PICU<sup>6</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>4</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>6</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Lodi Memorial Hospital      **Telephone Number:** Phone: (209) 334-3411  
**Address:** P.O. Box 3004  
Lodi, CA 95241

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>7</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>8</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>9</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I  <input type="checkbox"/> Level III         </div> <div> <input type="checkbox"/> Level II  <input type="checkbox"/> Level IV         </div> </div>
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>7</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>8</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>9</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

**Note:** *Complete information for each facility by county. Make copies as needed.*

**Facility:** Saint Joseph's Medical Center      **Telephone Number:** (209) 467-6400  
**Address:** P.O. Box 213008  
Stockton, CA 95204

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>10</sup></b> <b>EDAP<sup>11</sup></b> <b>PICU<sup>12</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>10</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>11</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>12</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Sutter-Tracy Community Hospital      **Telephone Number:** (209) 835-1500  
**Address:** 1420 Tracy Boulevard  
Tracy, CA 95377

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>13</sup></b> <b>EDAP<sup>14</sup></b> <b>PICU<sup>15</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>13</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>14</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>15</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

**Note:** *Complete information for each facility by county. Make copies as needed.*

**Facility:** Doctors Hospital Manteca      **Telephone Number:** 209-823-3111  
**Address:** 1205 E. North Street  
Manteca, CA 95336

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>16</sup></b> <b>EDAP<sup>17</sup></b> <b>PICU<sup>18</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
 17 Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
 18 Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** San Joaquin General Hospital Telephone Number: 209-468-6000  
**Address:** 500 W Hospital Rd  
French Camp, CA 95231

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency         </div> <div> <input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency         </div> </div>	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> No <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b> No	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No         </div> </div>	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I  <input checked="" type="checkbox"/> Level III         </div> <div> <input type="checkbox"/> Level II  <input type="checkbox"/> Level IV         </div> </div>
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



# TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2014-2015

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>None</u>		Telephone Number: _____	
Address: _____			
_____			
Student Eligibility: _____	Cost of Program: _____	**Program Level _____	
	Basic: _____	Number of students completing training per year:	
	Refresher: <u>0</u>	Initial training: _____	
		Refresher: <u>0</u>	
		Continuing Education: _____	
		Expiration Date: _____	
		Number of courses: _____	
		Initial training: _____	
		Refresher: <u>0</u>	
		Continuing Education: _____	

Training Institution: _____		Telephone Number: _____	
Address: _____			
_____			
Student Eligibility*: <u>Open</u>	Cost of Program: _____	**Program Level _____	
	Basic: _____	Number of students completing training per year:	
	Refresher: _____	Initial training: _____	
		Refresher: _____	
		Continuing Education: _____	
		Expiration Date: _____	
		Number of courses: _____	
		Initial training: _____	
		Refresher: _____	
		Continuing Education: _____	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

# TABLE 11: RESOURCES DIRECTORY - DISPATCH AGENCY

County: San Joaquin

Reporting Year: 2014-2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	American Medical Response, Valley Regional Emergency Communications Center (Secondary PSAP)		Primary Contact:	Jared Bagwell, Communications Director
Address:	4701 Stoddard Road, Modesto, CA 95356			
Telephone Number:	(209) 236-8302			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>44 EMD</div> <div>EMT-D</div> <div>ALS</div> <div>BLS</div> <div>LALS</div> <div>Other</div> </div>	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

# AMBULANCE ZONE SUMMARY FORMS

## Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b>
San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>
Zone A
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
American Medical Response (21 Years). Exclusive effective May 1, 2006
<b>Area or subarea (Zone) Geographic Description:</b>
Greater Lodi area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.
Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.

## Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b>
San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>
Zone B
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
American Medical Response (21 Years). Exclusive effective May 1, 2006
<b>Area or subarea (Zone) Geographic Description:</b>
Greater Stockton area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.
Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b>
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.

## Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> San Joaquin County EMS Agency
<b>Area or sub area (Zone) Name or Title:</b> Zone C
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area. American Medical Response (21 Years). Exclusive effective May 1, 2006
<b>Area or sub area (Zone) Geographic Description:</b> Greater Tracy area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.



### Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone D
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. Manteca District Ambulance Services (64 years)
<b>Area or subarea (Zone) Geographic Description:</b> Greater Manteca and Lathrop areas
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Manteca District Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. Also, MDA provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. MDA is a not for profit ambulance service with an independent board of directors.

### Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone E
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. Ripon Fire Protection District (41 years)
<b>Area or subarea (Zone) Geographic Description:</b> Greater Ripon area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Ripon Fire Protection District entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service

### Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> San Joaquin County EMS Agency
<b>Area or sub area (Zone) Name or Title:</b> Zone F
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area. Escalon Community Ambulance (54 years)
<b>Area or sub area (Zone) Geographic Description:</b> Greater Escalon area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Escalon Community Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Escalon Community Ambulance provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.